

NOTICE RE: CERTIFICATES OF CORRECTION

DATE : 02/25/2002
TO : Supervisor, Art Unit 2800
SUBJECT : Certificate of Correction Request in Patent No.: 6211695

Paper No.: 11

A response to the following question(s) is requested with respect to the accompanying request for a certificate of correction.

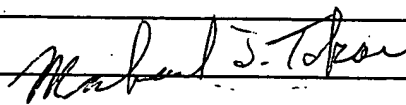
- ☐ 1. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, constitute new matter or require reexamination of the application?
- ☐ 2. Would the change(s) requested, under 37 C.F.R. 1.323, correcting Applicant/Attorney's (A or Atty.) errors, materially affect the scope or meaning of the claims allowed by the examiner in the patent?
- ☐ 3. Applicant disagrees with change(s) initialed and dated by Examiner in lieu of an Examiner's Amendment. Should the requested changes be granted?
- ☒ 4. With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction?
- ☐ 5. If the amendment filed , had been considered by the Examiner, would the amendment have been entered?

**PLEASE COMPLETE THIS FORM AND
RETURN WITH FILE, WITHIN 7 DAYS,
TO CERTIFICATES OF CORRECTION BRANCH - PK 3-915/922
PALM LOCATION 7580 - TEL. NO. 305-8309
THANK YOU FOR YOUR ASSISTANCE!**

Note your decision, regarding the changes requested in the Request for Certificate of Correction, by placing a check mark (✓) in the box that reflects your decision, which corresponds to the question(s) checked above. If any changes should not be made, (✓) the "Comments:" box, specifically note changes that should and should not be made and reason(s) why any change should not be made.

- | | | |
|--|-----------------------------|---|
| <input type="checkbox"/> 1. YES | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 2. YES | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 3. YES | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input checked="" type="checkbox"/> 4. YES | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |
| <input type="checkbox"/> 5. YES | <input type="checkbox"/> NO | <input type="checkbox"/> Comments below |

☐ Comments: _____



Michael Tokar
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